



MARYLAND JUDICIARY

Request for Coronavirus Related Paid Leave

What is Coronavirus Related Paid Leave?

Effective on January 1, 2021, employees may use up to 80 hours of administrative leave related to Coronavirus related qualifying reasons as described below. **If the employee has used 80 hours of Emergency Paid Sick Leave (EPSL) as provided under the Families First Coronavirus Response Act between April 1, 2020 and December 31, 2020, they do not qualify for another 80 hours of leave.** If the employee has used part of the 80 hours of EPSL, they are entitled to their remaining hours.

Coronavirus Related Paid Leave (CRPL) may only be taken if an employee qualifies for one of the five qualifying conditions (listed below):

1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised to self-quarantine (2);
5. The employee is caring for his/her son or daughter if the child's school and/or childcare facility has been closed due to COVID-19 precautions.

Employees will be paid at their regular rate of pay for all forms of leave.

Leave under CRPL is available to be used from January 1, 2021 through March 14, 2021. Full time employees are eligible for up to 80 hours of CRPL for a qualifying reason. Part-time employees will receive prorated hours based upon their percentage of employment. Requests will be reviewed for eligibility. Employees will use new time reporting codes related to this form of leave. Please email this form to ER@mdcourts.gov and obtain an emailed response prior to using CRPL.

For reason 5 only, the following criteria applies:

- (1) Employees should code their time sheet with 02 CCRPL Coronavirus Rel PL as the time reporting code.
- (2) FMLA protections do not apply to this form of leave.
- (3) Employees who were previously paid for the first two weeks of EPSL, do not qualify for this form of childcare leave.

Maryland Judiciary Request for Coronavirus-related Paid Leave

Request for Coronavirus Related Paid Leave Employee to Complete *(Please Save This Form Prior to Filling Out)*

Employee Name	Date
Location/Department	
Phone	
Employee ID number (found in CONNECT*)	
Start Date of Leave	Type of Leave Requested
End Date of Leave	<input type="checkbox"/> Continuous leave
	<input type="checkbox"/> Intermittent Leave

Eligibility: As of January 1, 2021, all regular, contractual, and temporary Maryland Judiciary employees are eligible for up to two weeks of Coronavirus Related Paid Leave, if they have not already exhausted their Emergency Paid Sick Leave for specified reasons related to COVID-19.

Qualifying Reasons for EPSL (select all that apply):

☐ I am **unable to work** and require Coronavirus Related Paid Leave because:

Qualifying Reason #1

<input type="checkbox"/> I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.	
Provide the date and issuing authority of the order.	
Date of Order:	
Issuing authority:	

Qualifying Reason #2

<input type="checkbox"/> I have been advised by a health care provider to self-quarantine related to COVID-19.	
Provide the name, phone #, and address of the health care provider who advised the self-quarantine.	
Health Care Provider Name	
Health Care Provider Phone #	
Health Care Provider Address	

Qualifying Reason #3

☐ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Provide the name, phone #, and address of the health care provider from whom you are seeking the medical diagnosis.

Health Care Provider Name	
Health Care Provider Phone #	
Health Care Provider Address	

Qualifying Reason #4

☐ I am caring for an individual subject to an order described in (1) or who was advised to self-quarantine as described in (2).

Provide the name of the individual and their relationship to you.

Name of Individual	
Relationship	

Qualifying Reason #5

☐ I am caring for a son and/or daughter whose school or place of child-care is closed, or whose child-care provider is unavailable for reasons related to COVID-19.

☐ I certify (select the criteria that applies):

☐ My child (or children) listed below is/are under 18 years of age; or,

☐ My child (or children) listed below is/are 18 years of age or older and incapable of self-care because of a mental or physical disability.

☐ I certify that no other suitable person will be caring for my child (or children) listed below during the period for which I will take leave under this Request.

Name of Son or Daughter	Relationship	Age	Older than 14?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Provide the name of the school(s) or place(s) of care or the child-care provider(s) which is closed or unavailable due to COVID-19 reasons

Name of School, Place of Care, or Child Care Provider	Website and/or Phone number	Address (if care is provided at home, put home address)

Acknowledgments

☐ I understand I must submit the required information to my supervisor before my leave begins wherever possible. In cases where this is not possible, I understand that my request with the information required must be submitted as soon as practicable.

Employee Signature

Date